

Ident. No. _____ Date: _____
 Product Source Code _____ Date: _____
 Lab No(s). _____

THIS BLOCK FOR DOTD USE ONLY

Louisiana Department of Transportation and Development
QUALIFIED PRODUCT EVALUATION FORM
QPL NO. _____

[Product Submittal Form for Qualified Products List Evaluation]

Date: _____

PRODUCT TRADE NAME: _____

(PRODUCT, SYSTEM OR MATERIAL)

(Complete separate form for each product submitted)

MANUFACTURER (Company Name): _____
 (Source)

Subsidiary of: _____ **List Parent Company on QPL: Yes ☐ No ☐**
 (Parent company if different from manufacturer)

Manuf. Corporate Address: _____
 Street/P. O. Box City State Zip Code

Manufacturing Location: _____
 (Facility/Plant) Street/P. O. Box City State Zip Code

Address to be listed on QPL: Corporate ☐ Manufacturing Facility ☐ (DOTD product verification and purchasing purposes)

Manuf. Phone No.: () _____ **Manuf. Fax No.:** () _____

Manuf. E-Mail Address: _____

Manuf. Contact Person: _____ **Contact's Phone:** () _____

Contact Person's Title: _____ **Contact's Location:** _____

PRODUCT REPRESENTATIVE: Distributor ☐ Manufacturer's Employee ☐ Other _____

Representative's Company Name: _____
 (If different from manufacturer)

Representative's Name and Title: _____
 (Please print or type)

Representative's Address: _____
 Street/P. O. Box City State Zip Code

Representative's Phone No.: () _____ **Rep. Fax No.:** () _____

Representative's E-Mail Address: _____

Will this product replace an existing approved product from your company listed on this QPL: Yes ☐ No ☐

If yes, existing product name(s): _____ Existing Product Source Code(s): _____

Why product is being replaced: Discontinued ☐ New Formulation ☐ Economic Reasons ☐ Other _____

If new product approved, remove existing product from list: Yes ☐ No ☐ When: Immediately ☐ 6 Months ☐ Other _____

Product patented: Yes ☐ No ☐ Patent applied for: Yes ☐ No ☐

Has this proposal been previously made: Yes ☐ No ☐ Under what name(s): _____

Alternate or comparable to what existing materials or products: _____

Primary use recommendation: _____

Alternate or secondary use: _____

Outstanding features or advantages/disadvantages: _____

Material composition (generic description): _____

Has this product been evaluated (or currently under evaluation) by the National Transportation Product Evaluation Program (NTPEP):

Yes ☐ No ☐ NTPEP Submittal Number _____ Comment _____

Meets requirements of following specifications: (List specification reference)

AASHTO _____ ASTM _____ Fed. Spec. _____ Other _____

Availability: Seasonal Yes ☐ No ☐ Delivery at site: Number of days after receipt of order _____

Further availability information: _____

Are quantities limited: Yes ☐ No ☐ Estimated cost of material per unit: \$ _____

Product new on market: Yes ☐ No ☐ Date introduced: _____ Comment _____

Are educational courses/films available: Yes ☐ No ☐ Comment _____

Is special equipment required to install product: *Yes ☐ No ☐

*(If yes, manufacturer/supplier will furnish the special equipment and install the material.)

Further equipment information: _____

Background description of source offering this proposal: _____

The following available and applicable information and materials shall be attached to this form in order to substantiate, verify, or clarify its contents. Attachments shall be numbered.

	Is Item Attached (Check here)	Attachment Number	Comment
Specifications	_____	_____	_____
Drawings, Sketches, Pictures	_____	_____	_____
Warranty	_____	_____	_____
Installation instructions	_____	_____	_____
Material Safety Data Sheet (MSDS)	_____	_____	_____
Product/material literature	_____	_____	_____
Test data sheets	_____	_____	_____
Certification	_____	_____	_____
Test results	_____	_____	_____

TEST SAMPLE SUBMITTED: DATE _____ SUBMITTER _____

Method of sample delivery: UPS/FedEx ☐ Bus ☐ US Mail ☐ Other _____

Complete the following information regarding field test site locations:

State	Contact Person	Telephone No.
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

Additional information: _____

General requirements:

1. Manufacturers/Suppliers are encouraged to install their materials at the test sites.
2. All test materials will be furnished by the Manufacturer/Supplier at no cost to the Louisiana DOTD.
3. A separate form will be required for each product/system submitted for testing.
4. Incomplete Qualified Product Evaluation Forms and/or erroneous information furnished as part of this form will result in the material being rejected for testing or inclusion.
5. The Department reserves the right to return all unused samples to the manufacturer at no cost to the Louisiana DOTD.
6. Form must be signed by an official of the manufacturer.*

**The term "official of the manufacturer", as used herein and throughout this document, refers to an actual employee of the manufacturer - NOT a distributor.*

The manufacturer/supplier is hereby notified that the Louisiana Department of Transportation and Development reserves the right to release or distribute any of the information included in or attached to this form, as well as the results obtained as part of our laboratory testing and field evaluation. The Louisiana Department of Transportation and Development reserves the right to require additional information, samples, and testing per product/system as deemed necessary for proper evaluation.

The Louisiana Department of Transportation and Development will not consider any new product for QPL testing until the sample is received by the Materials and Testing Section, and this form, along with all required attachments, is completed, signed by an authorized official of the manufacturer, and mailed or faxed to the address below. Manufacturer/supplier must meet all requirements outlined in the applicable Qualification Procedure. The signer below agrees to comply with all QPL policy and requirements as though specifically outlined herein.

Louisiana Department of Transportation and Development
Materials & Testing Section

Attn: (Name of QPL Contact Person) (See list of Contact Persons)
5080 Florida Boulevard
Baton Rouge, LA 70806-4123
Fax: (225) 248-4187

Signed: _____
(Official of the Manufacturer)

Name: _____
(Please type or print signer's name)

Position in Company: _____

Address: _____

Date signed: _____

For further information, list of QPL Contact Persons, or to view a specific Qualified Products List, visit our web page at <http://www.dotd.state.la.us/highways/construction/lab/default.html> or contact us at (225) 248-4120.

For specific information regarding a particular Qualified Products List or Qualification Procedure, call or e-mail the listed QPL Contact Person. Telephone numbers, fax number, and e-mail addresses are provided on the Contact Person list.